

## PART 2. Narrative regarding Clinton/Jackson ECI Board Priority 1

**Program Name:**

**Program Contact Person:**

### Priority 1.

#### Provide Affordable, Accessible Quality Early Learning Environments for At-Risk Children

*Quality Early Learning Environment Requirement: Programs with Iowa Quality Rating System level of 3, 4 or 5, or are NAEYC-NAFCC accredited, and Iowa Quality Preschool Program Standards verified or meet Head Start standards.*

Increase the availability of quality early learning environments that offer center based Evening or Weekend care to working families.

### Section VI. Program Specifics For Priority 1

**25 points**

1. Will this program increase access to Evening or Weekend Care to working families? *If yes then elaborate* or mark NA.
2. Will this program increase access to Infant Care? *If yes then elaborate* or mark NA.
3. Would the ECI \$ be used to support Part-Day or Full-Day hours of care?
4. Specify the hours of operation of the proposed services to include hours per day (ex. 9 am- 5 pm), which days per week and # of days per year of the service.
5. Will a fee or co-pay be charged to parents/caregiver for their child's enrollment in the program? If yes, then provide details.
6. Will families also be required to apply for DHS Child Care Assistance?
7. How will this program reduce barriers to children fully participating in affordable, quality early learning environments?
8. Explain the specific client eligibility criteria for enrollment in the proposed program to include, but not limited to, the age of child and maximum family income (as % of Federal Poverty Level.)
9. How will you verify the age of children and income of families served?
10. Describe your process to assess client needs at intake/enrollment.
11. Fully describe the primary services/activities to be provided with the ECI funding.
12. What would the client typically experience in their first month of contact with your program?
13. Indicate if the proposed service currently has a waiting list for enrollment. **If yes**, explain if the proposed service/activity will have a positive impact on reducing the waiting list.

14. Describe how your program will ensure that children in the proposed ECI funded program have a developmental, hearing, vision or dental screening that is completed by your program, a physician or a community partner.
15. How does your program incorporate a culturally competent perspective into services?
16. Provide data on the Race and Ethnicity of children served in your current program.
17. Does your program have an Attendance Policy for enrolled children? If yes then please share information about the policy or mark NA.
18. Does the program provide an in-home visit with teacher, child and parent?
19. Describe other methods to ensure that regular teacher/parent contact/communication occurs (*e.g. conferences, activities*).
20. Identify if any services will be provided at Head Start/Early Head Start, Statewide Voluntary Preschool Program, Shared Vision or Title 1 classrooms. (*There is no wrong answer. Info is to assist ECI staff to select appropriate funding category.*)
21. If meals or snacks provided then describe and indicate if they are nutritionally balanced.
22. Provide a “Success Story” related to the service(s) you are proposing to provide.

<b>Section VII. Agency &amp; Staff</b>	<b>5 Points</b>
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1. How long has the applicant been providing the proposed service(s)?
2. Will any of the services be sub-contracted to another agency or individual? If yes, then report on the requirements placed upon the subcontractor re: staff qualifications and performance expectations.
3. Identify the Staffing Plan for the proposed service including FTE status of each staff.
4. Specify if existing staff will be utilized or if new or additional staff will be hired and the timeline to be fully staffed.
5. Cite the Required (not desired) qualifications for ECI-funded Staff including education level, certifications and experience.

<b>Section VIII. Best Practice</b>	<b>5 Points</b>
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1. Specify which Quality Early Learning Environment requirement (*listed in Priority table*) that your program meets.

2. Specify by name any best practice curriculum, screening or assessment tools that will be used by your program. (No Acronyms.) If an item listed below is not relevant to your program then list NA.

- a. Program Curriculum:
- b. Child Skill Assessment Tool:
- c. Family Evaluation:
- d. Child Developmental screening tool:
- e. Other:

3. Specify the schedule of the pre-post child skill assessment tool that will be followed and how the results will be shared with parents/caregivers

4. Indicate if program staff is trained on the tools listed in your answer # 2, or if training is needed, then include your plan to obtain necessary training.

5. Research on Adverse Childhood Experiences (ACE's) illustrates that childhood trauma can increase health and behavioral challenges into adulthood. Research also shows that parents and caregivers can help children by gaining an understanding of ACE's, creating environments where children feel safe emotionally and physically, help children to identify feelings and manage their emotions. Please share information on the knowledge level of program staff about ACE's or program practices put into place to increase child resiliency.

6. Describe your program's process to evaluate program effectiveness and/or client satisfaction.

7. How does your program use that information for continuous improvement purposes?

<b>Section IX. Data</b>	<b>5 Points</b>
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The State ECI Board established a set of standardized data depending on the type of ECI services provided. Below are the required data points most directly related to this Priority (as of this date). The Clinton/Jackson ECI Board is also very interested in other data points that illustrate the impact of your service. You are invited to provide those data points in the narrative below.

**Performance Measures**

1. Estimate the number (#) of clients to be served in FY 17 with the Clinton/Jackson ECI funds.

2. What is the educational level of the lead teacher(s) in the ECI-supported classroom(s)?

3. Provide a Program Goal for the % of children that will be screened by you or a community partner for dental, vision, hearing or developmental delay.

4. Provide a Program Goal for the % of children served that will demonstrate age appropriate skills at post Assessment.

5. Does the program collect the following Household Data: Marital status of HH, Household Size, Family Income, Education Level of HH, Race/Ethnicity of HH?

6. Describe the other types of data that your program collects on clients or services that further illustrates the impact of the program.